

# STATE OF IOWA

## Servicemember Family Leave Employer Response

*TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR (please print or type)*

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Department: \_\_\_\_\_

On \_\_\_\_\_, you notified the department of your need to take Servicemember Family Leave due to (check one):

- ☐ the care of a covered servicemember; or  
☐ a qualifying exigency

You have requested that your leave begin on \_\_\_\_\_ and that you anticipate your need for the leave to end on or about \_\_\_\_\_.

Your request for leave has been (check one): ☐ Provisionally Approved ☐ Approved ☐ Denied  
Your leave **will** be counted against your annual FMLA leave entitlement.

If denied, provide reason/s: \_\_\_\_\_

If your leave is designated as Servicemember Family Leave qualifying, the following provisions apply:

1. You **will** be required to furnish documentation to support your need for leave. Failure to return the appropriate documentation may result in denial of your leave request.
2. We will require that you substitute appropriate accrued paid leave for Servicemember Family Leave.
3. The State of Iowa is required to maintain your health and dental insurances during periods of Servicemember Family Leave by paying the State's share of your insurance premiums. If provisions of your insurance plans require you to pay a portion of the monthly premiums, you will continue to be responsible for your share of the premiums.
4. You will have a 30-day grace period in which to make premium payments. If payments are not made timely, your group health, dental, and supplemental life insurances will be canceled retroactively to the first day of the month in which the premium was not paid. You will be notified in writing at least 15 calendar days prior to any retroactive cancellation of any insurance coverage. If you elect to discontinue your health, dental, and supplemental life insurances (if applicable), you will be restored to no more than the same level of benefits as when your leave began. Upon completion of the necessary insurance applications (underwriting not required), your insurance coverages will become effective the first of the month following your return to work.
5. The State of Iowa will maintain your basic life and long term disability insurance premiums during periods of Servicemember Family Leave.
6. If the circumstances of your Servicemember Family Leave change and you are able to return to work earlier than identified originally, you will be required to notify your employer at least two work days prior to the date of your return.
7. You will be reinstated to your same position or an equivalent position with the same pay, benefits and working conditions (shift and schedule) and the same or substantially similar duties, conditions, privileges, and status which require equivalent skill, effort, responsibility, and authority.

If you have any questions regarding Servicemember Family Leave, please contact me.

\_\_\_\_\_  
(Supervisor's Signature)

\_\_\_\_\_  
(Date Signed)